Shasta County Department of Resource Management Environmental Health Division

1855 Placer Street, Suite 201, Redding CA 96001 Telephone (530)225-5787 Fax (530)225-5413 www.ehd.co.shasta.ca.us

PLAN REVIEW APPLICATION FOR A BODY ART FACILITY

Applicant	Phone
Owner	
Mailing Address	City
Facility Name	
Facility Address	e-mail
REQUIRED APPLIC	ATION ATTACHMENTS:
Informed CliePre-procedure	the Infection Prevention and Control Plan (IPCP) nt Consent Form Questionnaire Form t Procedure Instructions e Facility
Sewage Disposal:	Public/Community Sewer or On-Site Water Treatment System Name of Public/Community Sewer
Water Supply:	Public Water System or Private Water System Name of Public Water System
Methods of Sterilizati (Facilities without a d instruments §11931	on of Needles/Equipmentecontamination/ sterilization area shall use only purchased, disposable, single-use, pre-sterilized (f))
Methods of Sharps Di	sposal
List of Body Art proc	edures to be conducted

However, the documents listed above are still needed.

Povious by your local building deportment may be necessary because namits for building plumbing, and/or electrical above.

Review by your local building department may be necessary because permits for building, plumbing, and/or electrical changes, additions or modifications shall be issued by the applicable local enforcement agency -- §119312 (h). Check with your local building department for plan review submittal requirements -- §119312 (h).

NOTE: A facility shall not open without a valid permit to operate. In order to obtain a permit, submit proper permit application, pay applicable fees, and contact the Shasta County Environmental Health Division for a pre-opening inspection.

Received By	Date	Amount	Cash	Check
		\$		